MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08318

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place): 3 hrs. 45 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rhodesdale - Rural
STREET ADDRESS (If rural, give location): Brookview

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Wayne (Last) Abbott
4. DATE OF DEATH: (Month) August (Day) 15 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: May 7, 1951
9. AGE last birthday: yrs. — If under 1 year: Months 3, Days 8, Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Darcy L. Abbott
14. MOTHER'S MAIDEN NAME: Doris Jewell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Darcy L. Abbott, Rhodesdale, Md., R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Intracranial injury — 8 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Multiple fracture of skull — 8 hrs.
(c)

814.5
170 c

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Street — (CITY OR TOWN) Hurlock — (COUNTY) Dor. — (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): 8-15-51 3 P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY occur? auto struck Bole.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: John Mace Jr. M.D. (Degree or title) — ADDRESS: Cambridge Md. Dorchester Co. — DATE SIGNED: 8/16/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug. 17, 1951 — NAME OF CEMETERY OR CREMATORY: Greenlawn Cemetery — LOCATION (City, town, or county) (State): Cambridge, Md.

DATE REC'D BY LOCAL REG. 8/16/51 — REGISTRAR'S SIGNATURE: M. L. Meares

24. FUNERAL DIRECTOR — ADDRESS: J. J. Framptom and Son, Federalsburg, Md.

90 5 71 19484

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information correctly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 21 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH Not CE

2411 N. Charles Street, Baltimore

08319

CERTIFICATE OF DEATH

Reg. Dist. No. 294

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Talbot; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Claiborne; LENGTH OF STAY (in this place) 5 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Royal; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) George (Middle) King (Last) Bashore

4. DATE OF DEATH: (Month) Aug (Day) 13 (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: June 16 1877

9. AGE last birthday: 74 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Mechanic man

10b. KIND OF BUSINESS OR INDUSTRY: Life Insurance

11. BIRTHPLACE (State or foreign country): Port Royal, Pa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel Bashore

14. MOTHER'S MAIDEN NAME: Phoebe Nash

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY No. 213-05-3744

17. INFORMANT AND ADDRESS: Mrs Sarah E. Bashore, Claiborne Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Infarction — Interval Between Onset and Death: Instant

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease — Years

932 (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION; 19b. MAJOR FINDINGS OF OPERATION; 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY; (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/4, 1951, to 6/13, 1951, that I last saw the deceased alive on 6/13, 1951, and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE: Stephano Rucci Jr (Degree or title) M.D. ADDRESS: Easton DATE SIGNED: 8/14/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: Aug 1951; NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery; LOCATION (City, town, or county): Baltimore (State): Md

DATE REC'D BY LOCAL REG. Aug. 14-51; REGISTRAR'S SIGNATURE: G. Wesley Sewell.; 24. FUNERAL DIRECTOR: Newnam & Harrison ADDRESS: St. Michaels Md

450736

RECEIVED
AUG 16 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08320

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton | LENGTH OF STAY (In this place) 46 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Royal Oak
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) (Last) Bently
4. DATE OF DEATH: (Month) Aug (Day) 31 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: June 20 1887
9. AGE last birthday: 64 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Harold
14. MOTHER'S MAIDEN NAME: Emily Lawrence

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY No.: unknown
17. INFORMANT: Lawrence Bentley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertension Cardio Vascular Renal — yrs

443X Antecedent cause(s) 93d — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 20, 1951, to Aug 31, 1951, that I last saw the deceased alive on Aug 31, 1951, and that death occurred at 3:45 p.m., from the causes and on the date stated above.

SIGNATURE W. F. Bucel | (Degree or title) Md | ADDRESS Easton Md | DATE SIGNED 9-1-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 9/2/51 | NAME OF CEMETERY OR CREMATORY St. Paul's | LOCATION (City, town, or county) Royal Oak (State) Md

DATE REC'D BY LOCAL REG. 9/1/51 | REGISTRAR'S SIGNATURE N. H. Nevins | 24. FUNERAL DIRECTOR John L. Williams per W. Frampton Jr. | ADDRESS Easton

VS-A15

RECEIVED
SEP 11 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08321

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A1

1. PLACE OF DEATH: COUNTY Talbot — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford. — LENGTH OF STAY (in this place) Nearly all of Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Amy	Lee	Blann	Aug.	25,	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	widow	Oct. 17 1877	73 yrs.	10	8		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own home	Chestertown, Md.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Martin Hubbard.	Mary Hester Hubbard.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	None	Betty Blann Landon Niagara Falls N.Y.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Hypernephroma, rt	1 yr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)		
(c)		

180X
52a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 8/24/51, 19..., to 8/25/51, 19..., that I last saw the deceased alive on 8/25/51, 19..., and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[illegible] Cof	M.D.	Easton Md	8/28/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/28/51	Oxford	Oxford Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/26/51	M.M. Meares	Minnie E. Newnam & Son	Easton, Md

RECEIVED
SEP 7 1951
BUREAU V. S.

08322

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; MARYLAND; LENGTH OF STAY (In this place) DOA; HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE; COUNTY Wash. ?; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]; STREET ADDRESS (If rural, give location) [illegible]

3. NAME OF DECEASED (Type or Print): (First) Mac (Middle) [illegible] (Last) Bowen

4. DATE OF DEATH: (Month) Aug (Day) 6 (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	black	married		54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Hospital Records Easton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	Immed
420.1 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last 94a	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Louis Whaley MD	D M.	Easton Md.	8-6-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Buried	8/7/51	Berlin	Berlin	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/7/51	N.H. Nevins	Lewis H Baynum	Cambridge Md

RECEIVED
SEP 11 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

323

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; LENGTH OF STAY (in this place) 4 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Md; STREET ADDRESS (If rural, give location) 200 South Aurora

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) (Last) Bromwell

4. DATE OF DEATH: (Month) Aug (Day) 8 (Year) 195[illegible]

5. SEX: Female

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb 5, 1872

9. AGE last birthday: 79 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Housework

11. BIRTHPLACE (State or foreign country): Phila. Pa

12. CITIZEN OF WHAT COUNTRY: U S A

13. FATHER'S NAME: Samuel Graham

14. MOTHER'S MAIDEN NAME: Margaret Hamilton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Mr George B Bromwell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Vascular Hemorrhage — Interval Between Onset and Death: 2 days

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Arteriosclerosis — 1 year

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/4, 1951, to 8/8, 1951, that I last saw the deceased alive on 8/8, 1951, and that death occurred at 12 35 p.m., from the causes and on the date stated above.

SIGNATURE: Shepard Krech Jr (Degree or title) M.D. ADDRESS: Easton DATE SIGNED: 8/9/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug 10 51 — NAME OF CEMETERY OR CREMATORY: Oxford Cemetery — LOCATION (City, town, or county) (State): Oxford Md

DATE REC'D BY LOCAL REG. 8/9/51

REGISTRAR'S SIGNATURE: M. H. Nelms

24. FUNERAL DIRECTOR: John G Williams — ADDRESS

RECEIVED
AUG 15 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Talbot Co — Easton, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md — LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wittman, Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) A (Last) Brown
4. DATE OF DEATH: (Month) Aug (Day) 7 (Year) 1957

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W
8. DATE OF BIRTH: Sept 30, 1881
9. AGE last birthday: 69 yrs. — If under 1 year: Months; If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Nicholas Brown
14. MOTHER'S MAIDEN NAME: Hester Freeman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: Henrietta Brooks

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Septicemia — Interval Between Onset and Death: 1-2 wks

692.6 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Multiple abscess.

152 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 Aug, 1957, to 7 Aug, 1957, that I last saw the deceased alive on 7 Aug, 1957, and that death occurred at 4:30 PM m., from the causes and on the date stated above.

SIGNATURE (Degree or title): W. F. Kunemier M.D. — ADDRESS: Easton, Md. — DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8/9/57 — NAME OF CEMETERY OR CREMATORY: Wittman Md — LOCATION (City, town, or county): Wittman — (State): Md

DATE REC'D BY LOCAL REG. 8/8/57 — REGISTRAR'S SIGNATURE: N. H. Meiries — 24. FUNERAL DIRECTOR: Norman H. Marshall — ADDRESS:

VS A-4

RECEIVED
AUG 15 1951
BUREAU V. S.

18325

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARTIN RESTRIVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 17 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tilghman
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Dorothy Carol	Cooper	August	26	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Single	June 11 1871	80 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Mr James H. Carter	Sarah Ely Harrison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Unknown	Unknown	Mrs Daniel Blades, Sherwood Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myelogenous Leukemia — 6 mos.

204.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ....

N/a (c) ....

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis — 7 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 6/21, 1951, to Aug 26, 1951, that I last saw the deceased alive on Aug 26, 1951, and that death occurred at 7:45 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Shepard Krech Jr	M.D.	Easton	8/29/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Aug 28-51	Unknown	Tilghman	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/27/51	M. H. Meiris	J. Leslie Cook	Tilghman Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot ~~Eastern Shore Hospital~~ MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (In this place) 2½ hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Easton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Edith (Middle) B (Last) Davis

4. DATE OF DEATH: (Month) 8 (Day) 26 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Oct 1, 1906

9. AGE last birthday: 44 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr Lenge Butler

14. MOTHER'S MAIDEN NAME: Mary Rhodes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Mr. Robert Davis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 2nd & 3rd degree Burns-Body — INTERVAL BETWEEN ONSET AND DEATH: 2 hours +

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 916.0 181

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ✓ SUICIDE HOMICIDE (Specify) accident

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY home (CITY OR TOWN) in Easton (COUNTY) Talbot (STATE) Md

TIME OF INJURY (Month) 8 (Day) 24 (Year) 51 (Hour) 7:00 p.m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? cigarette in bed (?)

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on Aug. 26, 1951, and that death occurred at 2:12 a.m. m., from the causes and on the date stated above.

SIGNATURE Louis Mutty (Degree or title) MD DMC ADDRESS Easton Md DATE SIGNED 8-27-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 8/28/51 NAME OF CEMETERY OR CREMATORY Silver Brook LOCATION (City, town, or county) Wilmington (State) Del.

DATE REC'D BY LOCAL REG. 8/27/51 REGISTRAR'S SIGNATURE M.H. Nevins

24. FUNERAL DIRECTOR [signature] ADDRESS Easton Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY in this place 2 mos. 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) 1111 Edmondo

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Henry (Last) Eagon.

4. DATE OF DEATH (Month) Aug. (Day) 31 (Year) 1957

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH Mar 16 1878

9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (RETIRED)

10b. KIND OF BUSINESS OR INDUSTRY Farm

11. BIRTHPLACE (State or foreign country) Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Charles Eagon

14. MOTHER'S MAIDEN NAME Mary Callin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 213-01-7985

17. INFORMANT Mrs Donald Wheatley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Infarction	8 days
420 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 73d	(b) Coronary Occlusion	3 day
	(c) arteriosclerotic Heart Disease	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/28, 19..., to 8/31, 19 57, that I last saw the deceased alive on Aug. 31, 19 57, and that death occurred at 1 20 a.m., from the causes and on the date stated above.

SIGNATURE M Eagon (Degree or title) M.D. ADDRESS Easton Md DATE SIGNED

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/2/57	East New Market	East New Market Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/1/57	N.A. Norris	Paul J. Smith, Maryland	

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

18328

Reg. Dist. No. 294

1. PLACE OF DEATH
COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wittman
MARYLAND
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wittman
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) George (First) U. (Middle) Haddaway (Last)

4. DATE OF DEATH (Month) Aug (Day) 13. (Year) 1957

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) widower

8. DATE OF BIRTH July 14 1869

9. AGE last birthday 82 yrs.
If under 1 year: Months | Days
If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) apt Police Asst

10b. KIND OF BUSINESS OR INDUSTRY Reserve

11. BIRTHPLACE (State or foreign country) Wittman Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joe & Jr. Haddaway

14. MOTHER'S MAIDEN NAME Mary E. Haddaway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Grace L. Haddaway Wittman Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemmorhage — Interval Between Onset and Death: 2 hrs

331X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 10 yrs

82 yr (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19 40 to Aug 13, 1957, that I last saw the deceased alive on Aug 13, 1957, and that death occurred at 4:15 m., from the causes and on the date stated above.

SIGNATURE Guy McReary M.D. (Degree or title) ADDRESS Tilghman Md DATE SIGNED Aug 15-57

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Aug 16, 1957

NAME OF CEMETERY OR CREMATORY Christ Cemetery

LOCATION (City, town, or county) (State) St. Michaels Md

DATE REC'D BY LOCAL REG. Aug. 15-57

REGISTRAR'S SIGNATURE G. Wesley Sewell

24. FUNERAL DIRECTOR Kirwan & Harrison ADDRESS St. Michaels.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

32.

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; LENGTH OF STAY (In this place) 24 da; HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton Rural; STREET ADDRESS (If rural, give location) RFD #1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Joyce	Ann	Harris	Aug	11	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White		5/27/51	7 hrs. yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Memorial Hosp. Easton Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr. James Harris

14. MOTHER'S MAIDEN NAME: Barbara Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Amos Harris

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Heart Failure.	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Congenital Malf. of Heart - Cyanotic	Birth on
	(c) Possible Complete Transposition of Great Vessels.	

754.4
1572

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	m.	INJURY OCCURRED: While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-1, 1951, to 8-11, 1951, that I last saw the deceased alive on 8-11, 1951 and that death occurred at 4:20 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John E. Baylutt,	M.D.	214 Dover St Easton Md	8-15-51

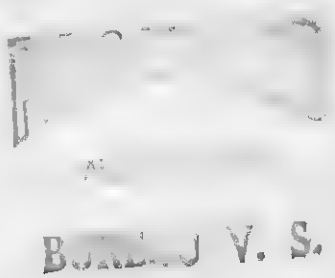
23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Buried	Aug. 14	Denton Cemetery	Denton	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/12/51	M. H. Nevins	J. Virgil Moore	Denton

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 1951



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

$330

CERTIFICATE OF DEATH

Reg. Dist. No. 2-70

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
STREET ADDRESS (If rural, give location) 7 North 4th Street

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Henke

4. DATE OF DEATH: (Month) August (Day) 28 (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Nov 11 1877

9. AGE last birthday: 73 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Silversmith

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Mr William Henke

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Mrs Caroline Henke

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Barbiturate Poisoning — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

970.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

163 B (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Suicide

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/28/, 1951, to 8/29/1951, that I last saw the deceased alive on 8/28/, 1951, and that death occurred at 11 38 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS Easton Md DATE SIGNED 8/29/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug 31 1951 — NAME OF CEMETERY OR CREMATORY: Denton — LOCATION (City, town, or county) (State): Denton Md

DATE REC'D BY LOCAL REG. 8/29/51 — REGISTRAR'S SIGNATURE: M.H. Nevius

24. FUNERAL DIRECTOR: J. Virgil Garrett Sons — ADDRESS: Denton Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11-331

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton. LENGTH OF STAY (in this place) 12 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgely
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Dorothy (Middle) (Last) Lynch

4. DATE OF DEATH: (Month) Aug (Day) 5 (Year) 1951

5. SEX: F. 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Sep. 8. DATE OF BIRTH: April 23, 1920 9. AGE last birthday: 31 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W. 10b. KIND OF BUSINESS OR INDUSTRY: None 11. BIRTHPLACE (State or foreign country): Md 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Mr Calvin Edwards 14. MOTHER'S MAIDEN NAME: Ella Tibbett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown 16. SOCIAL SECURITY NO.: 17. INFORMANT AND ADDRESS: Mrs Ella T. Edwards

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Massive Pulmonary Embolism

673.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cesarean Section

149 b (c) Combrated Pelvis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: INJURY OCCURRED While at Work ☐ Not While At work ☐: HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 24, 1951, to Aug 5, 1951, that I last saw the deceased alive on Aug 5, 1951, and that death occurred at 11:00 P. m., from the causes and on the date stated above.

SIGNATURE: W E Palmer (Degree or title): Md. ADDRESS: Easton, Md. DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: 8/8/51 NAME OF CEMETERY OR CREMATORY: Greensboro LOCATION (City, town, or county): Greensboro (State): Md.

DATE REC'D BY LOCAL REG. 8/6/51 REGISTRAR'S SIGNATURE: N. L. Nevins 24. FUNERAL DIRECTOR: R. B. Rawlings ADDRESS: Greensboro Md

VS. AN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 15 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 291

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels
LENGTH OF STAY (in this place) 9 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Oregon; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Portland
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Alfred (Middle) Clinton (Last) Newton
4. DATE OF DEATH: (Month) Aug (Day) 13 (Year) 1951
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Mar 8 1869
9. AGE last birthday: 82 yrs. | If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Shoe Business
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Dunfield Mass
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Joseph Newton
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No / no
16. SOCIAL SECURITY NO.: 572-18-9307
17. INFORMANT: Mrs A. C. Newton St. Michaels Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Sclerosis, Uremia (acute) Arteriosclerotic Nephritis	8 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) General Arteriosclerosis, Cerebral Arteriosclerosis	plus
420.1 131a	(c) Senility	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prostatic Hypertrophy

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While at Work ☐
HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from June 15, 1951, to Aug 13, 1951, that I last saw the deceased alive on Aug. 12, 1951, and that death occurred at 1.30 A. m., from the causes and on the date stated above.

SIGNATURE Philip B. Lewis (Degree or title) M.D. ADDRESS St. Michaels, Maryland DATE SIGNED 8.16.51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Aug 16 1951
NAME OF CEMETERY OR CREMATORY: Christ Cemetery
LOCATION (City, town, or county) (State): St. Michaels Md
DATE REC'D BY LOCAL REG.: Aug 17, 51
REGISTRAR'S SIGNATURE: Mrs Robt. B. Seth
24. FUNERAL DIRECTOR: Newnam & Harrison
ADDRESS: St. Michaels Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Brookletts Annex

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location) Brookletts Avenue

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Harding (Last) Pierce

4. DATE OF DEATH: (Month) Aug (Day) 13 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb 5 1862

9. AGE last birthday: 89 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman, Hardware

10b. KIND OF BUSINESS OR INDUSTRY: Hardware

11. BIRTHPLACE (State or foreign country): Talbot Co. Md.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Joshua Pierce

14. MOTHER'S MAIDEN NAME: Marietta Harding

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. A. C. Todd, Easton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhage	12 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of stomach	1 yr?
	(c)	

151 X
460

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 46, to 8/13/1951, that I last saw the deceased alive on 8/13/1951, and that death occurred at 5:30 A m., from the causes and on the date stated above.

SIGNATURE R Cox (Degree or title) M.D. ADDRESS Easton Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Aug. 15, 1951 | NAME OF CEMETERY OR CREMATORY Spring Hill | LOCATION (City, town, or county) Easton | (State) Md

DATE REC'D BY LOCAL REG. 8/14/51 | REGISTRAR'S SIGNATURE M. H. Harris | 24. FUNERAL DIRECTOR Todd | ADDRESS Easton, Md.

44

16334

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH
COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe, Maryland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Percy (Middle) (Last) Ross

4. DATE OF DEATH (Month) August (Day) 6 (Year) 51

5. SEX M

6. COLOR OR RACE C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S.

8. DATE OF BIRTH Jan 26, 1925

9. AGE Last birthday 26 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Laborer

11. BIRTHPLACE (State or foreign country) Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME James allen Ross

14. MOTHER'S MAIDEN NAME Annie Roberts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No. Unknown

17. INFORMANT Annie Ross

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized peritonitis & Shock — Interval Between Onset and Death: 5 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Perforating wound of abdomen

911.3 / 185

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 8-4-51 4PM

19b. MAJOR FINDINGS OF OPERATION Perf. wound of Sigmoid

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) factory

(CITY OR TOWN) in Trappe (COUNTY) Talbot (STATE) Md

TIME OF INJURY (Month) 8 (Day) 3 (Year) 51 (Hour) 8 P m.

INJURY OCCURRED While at work ☒ Not while at work ☐

HOW DID INJURY OCCUR? backed into by corn husk lifter

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Louis Mertz (Degree or title) MD DMR ADDRESS Easton Md DATE SIGNED 8-6-51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 8/9/51 — NAME OF CEMETERY OR CREMATORY Trappe — LOCATION (City, town, or county) (State) Trappe

DATE REC'D BY LOCAL REG. 8/7/51 — REGISTRAR'S SIGNATURE N. R. Meeres

24. FUNERAL DIRECTOR Lewis H. Bayneum — ADDRESS Cambridge Md

17062

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe; MARYLAND; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Beryl (Middle) Tracy (Last) Rozier

4. DATE OF DEATH: (Month) August (Day) 15th (Year) 1957

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jan 21 1918

9. AGE last birthday: 33 yrs. If under 1 year: Months 6, Days 27; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Canning factory

11. BIRTHPLACE (State or foreign country): Trappe Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: John Rozier

14. MOTHER'S MAIDEN NAME: Adell Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 219-07-1443

17. INFORMANT AND ADDRESS: Mrs Adell Rozier, Trappe, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart failure — INTERVAL BETWEEN ONSET AND DEATH: 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

4/34.1 932

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 13, 1957, to Aug 15, 1957, that I last saw the deceased alive on Aug 15, 1957, and that death occurred at 1145 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William D. Tongue M.D. Trappe Aug 16 57

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 8/18/1957

NAME OF CEMETERY OR CREMATORY: Trappe

LOCATION (City, town, or county) (State): Trappe Md.

DATE REC'D BY LOCAL REG. 8/16/57

REGISTRAR'S SIGNATURE: L. H. Neere

24. FUNERAL DIRECTOR: Herbert M. Stevens

ADDRESS: Cambridge Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08336

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; LENGTH OF STAY (in this place) 35 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Aurora St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; STREET ADDRESS (If rural, give location) Aurora St.

3. NAME OF DECEASED (Type or Print): (First) Henrietta (Middle) Neal (Last) Stafford

4. DATE OF DEATH: (Month) August (Day) 22 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov. 13 1865

9. AGE last birthday: 85 yrs. If under 1 year: Months 9; Days 9; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Own home Domestic

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: J. A. Frank Neal

14. MOTHER'S MAIDEN NAME: Sarah Hopkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Lucy N. Hallett, Aurora St. Easton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute pulmonary Congestion	2 Hrs.
422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 73d	(b) Chronic Myocarditis	1 year
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

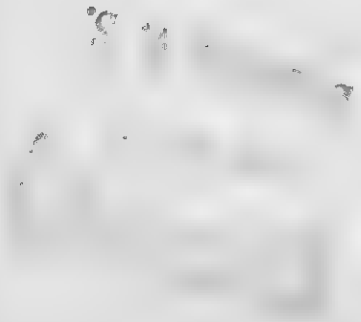
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (Degree or title): J. Tyler Baker M.D. ADDRESS: Easton DATE SIGNED: 8-24-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Aug. 25 '51 | NAME OF CEMETERY OR CREMATORY: Skipton Farm Cemetery | LOCATION (City, town, or county) (State): Skipton, Talbot Co. Maryland

DATE REC'D BY LOCAL REG. 8/23/51 | REGISTRAR'S SIGNATURE: N. L. Norris | 24. FUNERAL DIRECTOR ADDRESS: John L. Williams, Easton, Md.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

VS. A15 17

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Del. COUNTY New Castle
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Castle, Del (Rural)
STREET ADDRESS (If rural, give location) Du Pont Highway.

3. NAME OF DECEASED (Type or Print): (First) Clarence (Middle) E (Last) Strawbridge
4. DATE OF DEATH: (Month) 8 (Day) 9 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 21, 1899
9. AGE last birthday: 52 yrs.
If under 1 year: Months | Days
If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Roofing & Sheet Metal worker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Hockendaugua Penna
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Edwin - G. Strawbridge
14. MOTHER'S MAIDEN NAME: Susanna - Gould

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 221-03-5708
17. INFORMANT AND ADDRESS: Chandler E. Gebhardt.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: 4-5 hrs

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

Mda (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the ~~deceased~~ from 9 PM, 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at c. 4P m., from the causes and on the date stated above.

SIGNATURE: Louis D Metz MD (Degree or title) DMD ADDRESS: Easton Md. DATE SIGNED: 8-9-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Aug. 13, 1951
NAME OF CEMETERY OR CREMATORY: New Castle Del
LOCATION (City, town, or county) (State): New Castle Del.

DATE REC'D BY LOCAL REG. 8/10/51
REGISTRAR'S SIGNATURE: A. H. Neavitt
24. FUNERAL DIRECTOR: Elwanam & Harrison ADDRESS: St. Michaels Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY: Talbot — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton
LENGTH OF STAY (in this place): 19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Royal Oak
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William		Thomas	Aug	30	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Negro	Single	April 11, 1949	2 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
none	none	Royal Oak	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Elwood Keen	Lucy Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	none	Elwood Keen, Bellevue, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Uremia	= 3 days
592.X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) " Nephrotic Syndrome " chronic	1½ yrs
(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 8/11, 19..., to 8-30, 1951, that I last saw the deceased alive on 8-30, 1951, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[illegible]	M.D.	Easton	8/31/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Sept. 1, 1951	Colored Cemetery	Royal Oak	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/31/51	N. H. Meeries	Newman & Harrison	St. Michaels Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-1-1

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

333

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Caroline Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital - Easton ~~Caroline County~~

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgely
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) CARROLL (Middle) CASPER (Last) UNSWORTH

4. DATE OF DEATH: (Month) Aug. (Day) 15, (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 30 1908

9. AGE last birthday: 43 yrs. — If under 1 year: Months 1, Days 15 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Centreville Md Queen Anne Co.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Unsworth

14. MOTHER'S MAIDEN NAME: Alice Elmes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Edna M. Cole Centreville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Internal hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) due to rupture of liver and right kidney

8/16/51

170.2

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.): Road
(CITY OR TOWN) (COUNTY) (STATE): Route 404, Hillsboro & Ridgely Roads Caroline County, Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour): Aug. 15-51 8:25A. m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto & Auto collision

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☒, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE (Degree or title): Stanley N. [illegible] — ADDRESS: Assistant Med. Examiner-700 Fleet St.,Balto.,Md. — DATE SIGNED: 8-15-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug. 18/51 — NAME OF CEMETERY OR CREMATORY: Chesterfield Cemetery — LOCATION (City, town, or county) (State): Centreville Md

DATE REC'D BY LOCAL REG. 8/16/51 — REGISTRAR'S SIGNATURE: M.H. Meredith — 24. FUNERAL DIRECTOR: Finley Stafford — ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 4000 (T)

08454

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Willis

4. DATE OF DEATH: (Month) Aug (Day) 6 (Year) 1957

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 21, 1944

9. AGE last birthday: 7 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Denton Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Willis

14. MOTHER'S MAIDEN NAME: Norma Layton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs William Willis Sr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Epilepsy	2 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral atrophy following	2 yrs
353.3 85	(c) Severe Rocky Mt Spotted Fever	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-6, 1957, to 8-6, 1957, that I last saw the deceased alive on 8-6, 1957, and that death occurred at 7-45 A.m., from the causes and on the date stated above.

SIGNATURE: W S Cox (Degree or title) M.D. ADDRESS: Easton Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 8/8/57 | NAME OF CEMETERY OR CREMATORY: Denton | LOCATION (City, town, or county): Denton (State): Md

DATE REC'D BY LOCAL REG.: 8/7/57 | REGISTRAR'S SIGNATURE: M.H. Reeves | 24. FUNERAL DIRECTOR: J. Dwight Moore Dent ADDRESS

RECEIVED
AUG 21 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08340

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; MARYLAND; LENGTH OF STAY (In this place) 29 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Albert (Last) Wright

4. DATE OF DEATH: (Month) Aug. (Day) 26 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Nov 15 1896

9. AGE last birthday: 54 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Poultry

11. BIRTHPLACE (State or foreign country): Md Dorchester Co.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Mr John Albert Wright

14. MOTHER'S MAIDEN NAME: Guillermine Gullery

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 215-09-5461

17. INFORMANT: Mrs. Wm. Carl Wright

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) arteriosclerotic Heart Disease — Interval Between Onset and Death: 2 yrs

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 93d

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/24/, 19 51, to 8/26/, 19 51, that I last saw the deceased alive on Aug 26, 19 51, and that death occurred at 3 20 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

B Cox M.D. Easton Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 8/29/51

NAME OF CEMETERY OR CREMATORY: Grove

LOCATION (City, town, or county) (State): Federalsburg, Md (RD)

DATE REC'D BY LOCAL REG. 8/27/51

REGISTRAR'S SIGNATURE: N.R. Nefries

24. FUNERAL DIRECTOR / ADDRESS: J J Trampton Son Federalsburg Md.

430636

VS. A15

RECEIVED
SEP 5 1951
BUREAU V. S.